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Emergency Medical Services Public Information, Education and Relations Conference

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16. Abstract

The National Highway Traffic Safety Administration (NHTSA) sponsored a national conference on Emergency Medical Services Public Information, Education and Relations Conference in January, 1991 in Crystal City, Virginia. Under contract to NHTSA, Medical Care Development (MCD) of Augusta, Maine facilitated the conference, and produced a final report of the conference proceedings.

The goals of this national conference were to: (1) identify and prioritize the public information and education needs of EMS providers; (2) identify strategies to implement the ASTM standard on Public Information and Education; and (3) identify strategies to educate EMS peers, government officials and the general public about the EMS system. The participants were selected based on their involvement and knowledge of EMS public information and education programs.

The final report includes the conference participant's list of EMS issues, in priority order, and recommendations for action. The document also includes the conference opening remarks by Dr. Craig Lefebvre, a discussion of the conference format, a list of participants and observers, and an annotated bibliography of EMS PI&E publications that was completed in the earlier research phase of the contract.

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INTRODUCTION

PUBLIC INFORMATION AND EDUCATION IN EMS

"One of the major barriers to a consumer orientation is an unclear organizational mission. Here is, I think, a key area for EMS services to address. The ASTM standards for Public Information, Education and Relations programs lists "essential" elements for programs and identifies a number of "public" needs (i.e., what EMS is, how to access it, what to do and not to do before the assistance arrives, etc.), but it is not clear to me what EMS is, or should be, in the mind of the consumer. And that's what I mean by a mission statement; McDonald's is fast, friendly and dependable service anywhere. Apple Computer was founded to bring computers to everyday people. These, and many other companies, spend millions of dollars to get one simple idea into every one of our heads. Many of them are successful: Who builds quality cars? Who are the dependability people? What computer company sells service? What cigarette is for today's woman? What is EMS? I'll bet there weren't too many quick associations to that last one--can you imagine the public's response? If you don't know what the public would say, find out. Then decide what you want to be to them, simple, and set out to do it in a systematic and consistent way!"

R. Craig Lefebvre, Ph.D, Associate Professor, Brown University
(during opening remarks for the conference)

The National Highway Traffic Safety Administration (NHTSA) has been involved in promoting greater involvement of EMS in Public Information, Education and Relations (PIER) from the earliest activities directed at creating a better EMS system. In 1986, NHTSA published Public Information, Education and Relations for EMS Providers: Your Second Most Important Service. This was followed by a series of demonstration projects sponsored by NHTSA to increase the participation of local EMS services in conducting PIER programs.

NHTSA now wishes to identify the steps that need to be taken to assure that PIER is an integral part of EMS at all levels. This conference is an effort to secure agreement by a panel of EMS experts on the issues to be addressed in PIER and the activities to be carried out to assure the creation and operation of PIER programs.

PROJECT BACKGROUND

In August of 1990, NHTSA began working with Medical Care Development, Inc. (MCD) on a project to identify issues associated with PIER and establish priorities. The project called for interviews of five to nine state EMS directors to be completed with the purpose of beginning to focus attention on PIER issues viewed as significant by operating EMS systems. Early in the project, telephone interviews were conducted with seven directors representing five NHTSA regions. The interviews clearly indicated that four general issues were of greatest concern by all the state directors: the need for specific PIER organizational structure within the EMS system, determination of resources and real needs of the public and EMS providers, PIER funding alternatives and how to use PIER to enhance EMS funding, and implementation and evaluation strategies for PIER.

A review of current literature on PIER was conducted to assure that the broadest consideration was given to potentially effective approaches in use by industry, educational institutions, and government (see Appendix F for an annotated bibliography).

On January 7 & 8, 1991, NHTSA sponsored the two-day Public Information, Education and Relations (PIER) Conference on Emergency Medical Services in Arlington, Virginia. The goals for the conference were to identify and prioritize current issues in PIER and to develop recommendations for implementation of existing standards.

Participant selection was a critical element of the project. Each of the 24 participants were chosen based on expertise in the field of PIER and EMS affiliation. Arrangements were also made to accommodate 15 observers who, though present, did not fully participate in the conference process (see Appendix D & E for a list of participants and observers).

To accomplish these goals the 24 EMS experts were invited to participate in a day of discussion/debate followed by a second day of deliberate nominal group process directed at prioritization of issues.

Following the conference, the prioritized issues and associated recommendations were reviewed and submitted to NHTSA in the context of a draft of this final report.

CONFERENCE FORMAT

It was clearly understood that the final outcome of the conference would only be as credible as the process used to arrive at the final prioritized list of issues. Therefore, the format was critical to the success of the conference (a copy of the agenda can be found as Appendix B).

OPENING SESSIONS

Following a welcome and introduction by Susan Ryan, Chief, EMS Division, NHTSA, R. Craig Lefebvre, Ph.D, Associate Professor at Brown University, gave a presentation on the potential impact of social marketing in PIER and EMS. His presentation included numerous challenges for participants to consider as they went forward into the actual working groups (see Appendix C for Dr. Lefebvre's presentation).

NOMINAL GROUP PROCESS

Review of the information from the state director interviews, literature searches, and previous ASTM PIER Task Group efforts had identified four general areas for work sessions to focus on. These were: Organization and Structure; Needs of EMSers, General Public, Government, and Media; Funding Options, Federal, Local and Self-Generating; and Implementation and Evaluation. Experienced group leaders had been selected from among the participants and had met with NHTSA and MCD staff the day before the conference for information about their role as moderators. The remaining participants were divided into four groups of equal size and proceeded to meet with assigned leaders. Observers were allowed to choose any group but were instructed to circulate with that group.

The small group work sessions gave the participants 15 minutes to list issues for consideration. This period was followed by time dedicated to creating a common list of all the issues identified by the group. Similar issues were combined only if there was unanimous agreement. This list was then prioritized and narrowed to no more than 10 issues. Following prioritization, recommendations for action were suggested for each issue. If an issue did not have recommendations associated with it, the issue was deleted. This step eliminated those issues that appeared to have no real solution or solutions that created additional problems.

NHTSA and MCD staff observers were present during these sessions to provide technical information and logistical support. If there had been a breech in the process, the staff had been instructed to interrupt the session and reestablish the focus.

Each small group work session lasted approximately one hour and 15 minutes and then the groups rotated to the next designated leader and repeated the same process with another of the four general topic areas. This allowed maximum input and assured that the widest possible range of issues were listed.

Group leaders were not allowed to introduce any issues or recommendations from a previous group. This was to prevent "contamination" between the various groups. While there was no discussion of previous group actions, the process did serve to verify those most common issues and recommendations.

GROUP LEADER SUMMARIES

Following the final work session, the group leaders prepared summaries of priority listings. They were charged with combining similar issues and reducing duplication; however, they were not allowed to eliminate issues or recommendations for any other reason.

PLENARY SESSIONS

During the morning of the second day, the group leaders presented their summaries before the full group. There was opportunity for discussion and emphasis by strong proponents of particular issues. Though the group leaders were instructed to report accurately the results of group activity, they were strongly encouraged to editorialize and relate their observations of the group process. These observations provided an opportunity for additional verification by the participants that the summaries were accurate and the process had been adhered to. Following the reports, the group leaders were excused from all responsibilities and resumed their status as participants.

The afternoon general session was moderated by MCD staff with all 24 participants present. The combined list of 22 issues was given back to the participants simply as a list of issues ready to be prioritized a final time. Instructions regarding rules of order were discussed briefly followed by the invitation for a recommendation to either combine or delete an issue. This process resulted either in deletion or combining issue statements until every issue had been discussed and agreement had been reached.

We had now reached the stage of final prioritization. Sixteen issues and their associated recommendations remained for consideration. Each participant was allowed a maximum of 100 points and was asked to individually rank the 16 items using any portion of the 100 points they felt was appropriate.

SYNOPSIS OF PRIORITY ISSUES

Attached as Appendix A is a list of the issues with accompanying recommendations in order of prioritization (Issue #1 being the highest priority). The final outcome was announced to the participants and presented to NHTSA staff at the close of the conference.

As a summary, the 16 issues identified by the participants are listed in priority order:

Issue 1: Need for Government and Management Commitment to PIER

Issue 2: PIER Program Direction

Issue 3: Public Understanding of EMS Should Improve

Issue 4: Improve Community Involvement, Networking and Information Flow for PIER Programs

Issue 5: EMS PIER Plans Should Be Implemented

Issue 6: PIER Clearinghouse

Issue 7: EMS Agencies Should Develop a PIER Plan

Issue 8: PIER Funding Needs to Increase

Issue 9: EMS Needs Increased Political Support

Issue 10: Define Roles of Government Agencies in PIER

Issue 11: PIER Should Assist with Recruitment and Retention of EMS Personnel

Issue 12: PIER Programs Should Be Based on Documented Need

Issue 13: PIER Program Should be Evaluated

Issue 14: Education of the Media Regarding EMS Should Increase

Issue 15: EMS Agencies Need to Understand How to Secure Funding

Issue 16: EMS Providers Should Be Recognized

APPENDICES

APPENDIX A

ISSUES FROM THE NHTSA EMS PIER CONFERENCE

JANUARY 7 & 8, 1991

Issue 1: Need for Government and Management Commitment to PIER

The lead EMS agency must see PIER as a crucial, continuous function of both EMS and of community development, and must establish PIER as a priority program. The PIER program must have a clear statement of mission and goals. The lead EMS agency must be knowledgeable on funding needs of EMS, including PIER. In addition, the lead agency needs to be familiar with the level of community support for EMS.

Recommendations:

- Coordinate the development of a position paper which establishes and provides justification for PIER as a top priority for EMS management and government.
- Prepare a model mission statement for PIER that can be adopted by EMS agencies at the regional, state, and local levels.
- Organize and conduct a national PIER conference at which a national association of PIER managers should be formed.
- Provide technical assistance workshops and seminars to assist agencies to establish PIER programs. This should be a shared federal/state responsibility.
- Fund the development of a demonstration program in PIER, including the evaluation of PIER activities and outcomes. PIER should occupy a high position within the EMS organization in order to be eligible for funding.
- Prepare guidelines that PIER programs could use for programs to inform governmental leaders about the importance of EMS to the community and the advantage of supporting a quality EMS program.
- Involve city, county, and state government officials in promoting support for EMS system and programs.

Issue 2: PIER Program Direction

Each EMS organization should identify a qualified person to provide leadership for conducting and evaluating PIER programs. The role of the PIER program director should be clearly defined as should his/her accountability and program responsibilities.

Recommendations:

- Model position descriptions for PIER program directors should be prepared. These should delineate the roles, responsibilities, accountability, and qualifications for dedicated positions at local, state, and national levels for PIER activities.

- Federal agencies should foster the development of state sponsored PIER advisory committees/task forces through grants for demonstration projects at the state and local level.

- Guidelines should be provided to help states and local EMS organizations identify adequate resource components for PIER programs.

Issue 3: Public Understanding of EMS Should Improve

Everyone needs to know what the EMS system is, why it is important to have an EMS system, how to access the system, how to prevent and respond properly to a variety of emergencies, and what to expect from the EMS system. This includes having everyone see himself/herself as a member of the EMS team and seeing EMS as a public safety service as essential as fire and police. Government, media, and providers need to see EMS PIER as essential to their daily functioning.

Recommendations:

- A national effort should be undertaken to identify the roles and responsibilities of the public, the government, the media and providers and disseminate this information to all parties.

- There should be a Federally-led effort to establish a comprehensive standard by which communities could themselves appraise their EMS systems (including their PIER programs); this self-appraisal document should provide guidance for improvement.

- A consortium of public and private entities should support a Federal law to implement E-911 nationwide; this effort should enlist the highest possible elected officials.

- EMS agencies, at all levels, should have a method for identifying at-risk populations and for identifying and coordinating appropriate interventions; this effort should include pre-existing campaigns and other activities and should allow for determining where there are gaps.

- A national PIER conference should be held to produce in layman's terms, a definition of the EMS system.

- Whenever possible, PIER materials should reflect the importance of EMS in public safety.

- A national campaign should be developed to direct attention to the importance of EMS in public safety.

- EMS agency managers should assure that information is provided to the community, stressing each individual's responsibilities as an EMS team member; management should structure programs to recognize stellar performers and should develop internal QA focus groups, with PIER a topic to be included.

Issue 4: Improve Community Involvement, Networking and Information Flow for PIER Programs

PIER programs should include multidisciplinary coalition building with linkages at the local, state, and national levels and across jurisdictional lines. Community groups should be assimilated into PIER efforts in the form of Task Forces and Advisory Groups, assuring adequate networking for information flow into and out of the organization. PIER programs should cultivate working relationships with media and with sources of EMS information relevant to PIER efforts.

Recommendations:

- One or more national meetings should be held each year focused on PIER program management.

- A template for developing advisory groups at the state, local level for PIER activities should be developed.

- EMS grant program applications should require identification of community involvement in all phases of the projects.

- A national consortium of interested EMS and public health agencies should be established to support the development of PIER programs nationally.

- A national clearinghouse of PIER information should be established.

Issue 5: EMS PIER Plans Should Be Implemented

Each EMS agency should implement a PIER program based upon a written PIER plan.

Recommendations:

- The PIER program should include, as a minimum:

    (1) A proactive social marketing model which targets appropriate audiences and incorporates niche marketing and focus groups.

    (2) The appropriate use of media, avoiding common pitfalls of typical health education campaigns.

    (3) Promotion of a common, recognizable symbol for EMS.

(4) An effort to maximize the use of materials and programs which are already available, thereby reducing duplication of efforts.

(5) A component which trains EMS and health care team members in the conduct of PIER activities.

(6) An evaluation component which includes both process and outcome measurements and uses all available data resources.

(7) Methods to secure broad based community support.

(8) Plans to secure adequate resources (personnel and fiscal) to conduct and monitor the program.

Issue 6: PIER Clearinghouse

There needs to be a clearinghouse to advise EMS agencies about the availability of funding for PIER procedures and to disseminate information about successful PIER programs.

Recommendations:

- At the national level, an agency should be identified with the ability to perform the desired clearinghouse functions. Such an agency can also assist in arranging networks or partnerships among EMS agencies that can help one another with PIER activities. It could also provide direct technical assistance for program and grant application development.

Issue 7: EMS Agencies Should Develop a PIER Plan

All EMS agencies should develop an ongoing, written PIER plan that is based upon a needs assessment and is appropriate to that particular agency's responsibility.

Recommendations:

- The needs assessment should be:

(1) specific to the agency's area of service,

(2) multi-disciplinary in nature, including input from all levels of EMS and other internal and external sources, and

(3) based upon valid data that identifies baseline attitudes, perceptions, knowledge and behaviors, high-risk population segments, as well as serves as a basis for evaluation criteria.

- The PIER plan should:

  (1) set short and long-term (ongoing) goals and time referenced objectives,

  (2) have support from upper level management and the community at large,

  (3) be coordinated by a specific, well-trained and qualified public information officer,

  (4) incorporate appropriate marketing strategies and media utilization for the target audiences including previously proven materials and methods, and

  (5) include an evaluation component.

Issue 8: PIER Funding Needs to Increase

New revenue streams need to be developed that provide for a creative funding mix, recognize the priority for PIER programs, and combine resources from the public and private sectors. In order to maximize available resources and the utilization of those resources, PIER programs should be developed with an understanding of each component's (or the full programs) potential for being underwritten, self-sustaining, or income producing.

Recommendations:

- Federal and state agencies should develop criteria to insure that PIER components are included in all funded EMS projects.

- Local agencies should look at available national programs to adapt for use at the local level.

- Each EMS agency should designate a person responsible for developing a PIER funding plan who is knowledgeable about accessing specific funding sources.

- Budgets developed for PIER should reflect realistic costs and identify sources of funding.

- EMS agencies need to develop approved means to secure and accept private sector funding (private donations, foundation grants). They should seek the help of other private sector agencies in developing fund-raising activities.

- Information should be collected about models of successful fund-raising efforts and provide this information to EMS agencies. A guide to available resources for PIER projects with specific mechanisms for accessing those funds should also be prepared.

Issue 9: EMS Needs Increased Political Support

There must be an effort to mobilize federal/state/local political support for commitment and funding for EMS which includes EMS PIER programs.

Recommendations:

- Identify and secure support of organizations with experience and skills in educating political groups and form a national coalition to support EMS development.

- Provide training on how to work effectively with the political system for EMS program managers.

- Provide budget justifications for funding requests and leveraged funding possibilities at the local level.

Issue 10: Define Roles of Government Agencies in PIER

The role of federal, state, and local governments in PIER activities should be clearly defined in relation to stated national standards, goals, objectives, and initiatives.

Recommendations:

- A federal agency should spearhead the development of clearly stated standards, goals, objectives, and initiatives for PIER. The different roles of federal, state, and local agencies should be delineated and agreed upon by all parties.

Issue 11: PIER Should Assist with Recruitment and Retention of EMS Personnel

Recruitment and retention is one of the most pressing problems facing EMS today. PIER is an effective means to solve the problem. Everyone needs to know how to become involved with EMS.

Recommendations:

- Local advisory groups should develop programs for recruiting new EMS personnel. These should include speaker bureaus and school visitations.

- The Federal government (NHTSA and others) should produce a consensus document and materials for dissemination to schools (Jr. High and High Schools) to recruit new EMS personnel.

- The National Fire Academy should update and expand its EMS management training program; the Academy should begin, again, to offer this training in numerous sites around the nation.

Issue 12: PIER Programs Should Be Based on Documented Need

PIER programs need to be based on accurate, properly-interpreted data relevant to critical illness, injury, and death.

Recommendations:

- Where data are not available, the PIER program needs to encourage the development and identification of methods to secure the needed data. These data need to be available to any interested party. From these data, special PIER programs need to be developed to address the problems identified for specific target audiences.

Issue 13: PIER Program Should be Evaluated

The effectiveness of EMS PIER programs should be evaluated. EMS agencies need to understand that documenting the benefits of well utilized, high visibility, successful PIER programs can help to secure funding for PIER programs, and for the EMS program in general.

Recommendations:

- Each EMS agency should have an identifiable line item for PIER in its budget.
- ASTM should provide PIER evaluation standards for all EMS agencies.
- A PIER evaluation tool should be developed which is simple, objective, and replicable, and which will provide process and outcome results that are useful for refining and improving PIER programs.
- Both PIER effectiveness and costs should be measured to justify expenditures for PIER.
- The collection and dissemination of PIER evaluation data nationwide should be coordinated at the national level.

Issue 14: Education of the Media Regarding EMS Should Increase

The media needs to know what EMS providers need to educate the public. This includes the need for providers and the media to cooperate at the scene and for the media to be safety-minded and technically accurate. Anyone portraying EMS needs to do so accurately.

Recommendations:

- "Train-the-trainer" workshops should be made available for media liaison personnel in every federal region, with every state participating, then local providers should have workshops with local media.
- Toy manufacturers, clip art portraying EMS should be technically accurate.

SOCIAL MARKETING IN PUBLIC INFORMATION AND EDUCATION PROGRAMS FOR EMERGENCY MEDICAL SERVICE SYSTEMS

R. CRAIG LEFEBVRE, PhD
ASSOCIATE PROFESSOR (RESEARCH)
DEPARTMENT OF COMMUNITY HEALTH
BROWN UNIVERSITY

and

INTERVENTION COORDINATOR
PAWTUCKET HEART HEALTH PROGRAM
MEMORIAL HOSPITAL OF RHODE ISLAND

Paper presented at the EMS Public Information and Education Conference sponsored by the National Highway Traffic Safety Administration, January 7, 1991.

SOCIAL MARKETING IN PUBLIC INFORMATION AND EDUCATION PROGRAMS FOR EMERGENCY MEDICAL SERVICE SYSTEMS

It's a privilege to be with you today to discuss the area of social marketing and present some ideas, and questions, I have from this perspective as it relates to your development of Public Information and Education programs. First off, I am a social marketer -- not an EMS professional, although I've learned quite a bit about your business, and it's challenges, in the last several weeks. I am also in the area of heart disease prevention, a field whose idea of "sex appeal" is what you see in cigarette advertisements and where "macho" is having a huge serving of lowfat, low cholesterol anything. We don't have the vivid images and dramatic life and death stories to "sell" heart disease prevention. I doubt they will ever air a TV series -- like "Rescue 911" -- about a doctor who encourages people to quit smoking, take their blood pressure medication and watch their cholesterol level and each week leads a different set of characters down the road to a healthier heart. And we certainly don't enjoy the vocabulary I've learned from the EMS types -- "scoop and runs", "crispy critters", and "knife and gun clubs". No, in many ways you have an ideal set of messages, images, products and services to market -- but what I've already encountered in my review of EMS background materials is a lack of coherence to these many types of programs. As I first reflected on some of this reading, my thought was "What business are these people in?". It is a deceptively complex question; I'll be curious to see whether after two days here you can all agree on an answer to that question that can be communicated in 25 words or less to the "general public".

WHAT IS SOCIAL MARKETING?

Social marketing is the application of marketing concepts and techniques to the dissemination of ideas, issues, causes and behaviors. As a formally defined professional activity, social marketing dates to 1972; however, it's clear that throughout time there have been numerous "social marketers" -- politicians, artists, religious leaders, philosophers, and others. Yet, only in the past 30 years has a discipline of marketing emerged, and only recently has social marketing become a term used by more and more people in the public health field.

Social marketing is generally used in either or all four ways; as a -

- means to increase the acceptability of ideas or practices
- process for problem-solving health communication and behavior change challenges
- strategy in the development of information dissemination campaigns
- guide for communication strategies development.

Social marketing is not the answer, however, to all our prayers. We still need sound psychological and educational theories of attitude change and learning on which to base the social marketing process. If our theory is not correct, social marketing programs will not be as successful. However, I also believe that a good theory of how to change the

behavior of many people without good social marketing will probably result in even lower efficacy. The analogy is to constructing a building; architects and engineers transform the physics into technology that creates something useful and will serve its function. Social marketers are the architects and engineers who take the information from social sciences and transform it into a social technology of useful programs that meet the needs of public health. But what is particularly important about marketing is that its bottom-line focus is stimulating some action by the consumer. Consumer marketers aren't all that interested in teaching us about good health or auto safety unless it helps sell their product. But if it is in their interest to do so, they will be measuring success by sales -- not by awareness of their brand or increases in consumers' knowledge. Social marketers think the same way. It's the action that information and education campaigns stimulate that is our "sale". As you talk about Public Information and Education (PIE) programs over the next two days, I encourage you to keep your focus on the behavior you want to change or encourage. Don't get stuck in the trap of believing that simply providing information to consumers will lead them to make the right choice -- odds are they won't!

WHAT ARE THE COMPONENTS OF A SOCIAL MARKETING PROGRAM?

In an article in Health Education Quarterly in 1988, June Flora and I outlined eight essential features for social marketing programs. These components include:

- A consumer orientation in which the organization has a clear mission and takes its lead from where the consumer stands -- not from where it thinks the consumer "should" be.

- Recognition that marketing involves a voluntary exchange of resources between two or more parties and taking such factors into account in the marketing plan.

- Audience segmentation and analysis to define and prioritize key audiences of the organization.

- Formative research to understand these key audience segments, to guide program development and to test implementation strategies prior to their full roll-out.

- Channel analysis to understand how to best reach specific audiences and how to coordinate activities to optimally permeate the environment of the target group.

- Use of a marketing mix that combines and integrates messages/products/services (m/p/s) with place (distribution), price and promotion considerations.

- Development and utilization of a process tracking system to monitor and refine implementation.

- A management system that reflects a marketing orientation to its mission and is responsive to changes in consumer attitudes, preferences and behaviors.

I am not going to review these components in any more detail this morning. I hope you will read the article during your discussions here and perhaps it will raise some questions, and stimulate some ideas, that will be helpful to this consensus process. What I am now going to turn to are some questions and comments I have about EMS Public Information and Education programs, and I have organized them by the eight social marketing program components.

WHAT CAN SOCIAL MARKETING ADD TO EMS/PIE PROGRAMS?

You are here to clarify how EMS Public Information and Education programs should be organized and structured; how they should be funded and what resources are required; identify needs assessments that should be undertaken; and how these information and education programs should be implemented and evaluated. My objective in this last section is not to present to you how I would address these issues, but to pose some questions and to make some observations that may add a social marketing perspective to your deliberations.

Consumer Orientation: One of the major barriers to a consumer orientation is an unclear organizational mission. Here, I think, is a key area for EMS services to address. The ASTM (American Society for Testing and Materials) standards for Public Information, Education and Relations programs lists "essential" elements for programs and identifies a number of "public" needs (i.e., what EMS is, how to access it, what to do and not do before assistance arrives, etc.), but it's not clear to me what EMS is, or should be, in the mind of the consumer. And that's what I mean by a mission statement; McDonald's is fast, friendly and dependable service anywhere. Apple Computer was founded to bring computers to everyday people. These, and many other companies, spend millions of dollars to get one simple idea into every one of our heads. Many of them are successful: Who builds quality cars? Who are the dependability people? What computer company sells service? What cigarette is for today's woman? What is EMS? I'll bet there weren't too many quick associations to that last one -- can you imagine the public's response? If you don't know what the public would say, find out. Then decide what you want to be to them, simply, and set out to do it in a systematic and consistent way!

Some other questions I have about consumers and EMS are:

What do consumers want to know about EMS systems, versus what you want to tell them?

Who are the major publics for EMS/PIE programs? A quick list I came up with included physicians; ER nurses; residents in rural areas; local governments; volunteer fire chiefs; EMS volunteers; families of cardiac patients; paramedics and EMTs; victims and patients who have used EMS services; legislators; first responders; and people who can be

characterized as at high risk for trauma. I'm sure there are many more possibilities. But the key question is "Who is the first, the second, the third most important one?". There may not be a national consensus on the answer, but the local PIE program officer better have one.

A comment I also have here is to involve consumers in the planning, implementation, and evaluation of PIE programs. Community organization for EMS education seems a natural route to take -- especially in rural areas. I don't know how prevalent this approach is among EMS services, but it is becoming a model many other health professionals are taking to prevent chronic diseases, alcohol and drug abuse and teen-age pregnancy.

Exchange Theory: Public information and education programs involve people giving up their attention, time, energy and other resources in order to "get it" -- whatever "it" we are selling this week. To exchange with them, it's important to realize that "information and education" don't turn many people on. The challenge is how to create PIE programs that are personally relevant to target groups. For EMS programs, personal relevance is not very easy to establish until you've needed or used the system. So it's getting to that "need" for safety or security, that "need" for self-satisfaction or autonomy, that "need" for social approval or sense of belonging that has to be focused on by PIE programs. Never believe that people make rational choices like "I should learn CPR this week before my husband gets out of the hospital after his heart attack", and you set yourselves free to be effective social marketers.

The other suggestion I have is to consider the demands that PIE programs make on consumers. Too often I work with organizations who believe it's not education unless it's a group, at night, in a place convenient for staff, and it lasts at least eight weeks. Who has the time, let alone inclination, to get home from work, eat, run off to a meeting on the other side of town, sit there for up to two hours listening to someone talk, and do this consistently every Tuesday night for two months? The answer is not many. But then these same health educators wonder why more people aren't interested in the topic. It may not be the topic, it may be the marketing. How can people educate themselves about EMS at their own pace and at their convenience? Find an answer and I guarantee a successful PIE program.

Audience Segmentation: I gave some examples already of audience segments; there are others that may be more important or useful. The point here though is never talk about a "general" public (everytime I do I put it in quotes -- it really doesn't exist). Unless you can break your "general" public down into smaller, homogeneous subgroups for whom you can design specific messages, products and services you will not be very successful in your PIE programs. Attempts to be all things to all people usually end-up reaching and pleasing no one. Pick your targets carefully. Marketing success is built on rifle shots, not shotgun blasts.

As you identify segments, decide who the important ones are and allocate your resources accordingly. Also find out something about each of these segments: what their awareness and comprehension of EMS is, their usage patterns, their perceptions of EMS systems,

what benefits they personally perceive from having an EMS system, and who might be models or spokespeople for your PIE that that particular segment will find appealing and credible. Take the time to conduct focus groups with representatives from each segment to understand them better.

Formative Research: I think you each have a feel for what consumers need to know about EMS services. But again I'll raise the question: What do they know and what do they want to know? Market research in this area appears to me to be a critical need for this group to consider as you begin mapping out PIE strategy. I'm also fairly certain that some information along these lines already exists; can it be pulled together and presented to PIE staff in a way that suggests actionable steps?

I would also like to see some formative research funded in the area of PIE demonstration projects. Questions I would pose include:

- What differences exist among EMS consumers in their perceptions and understanding of EMS services in rural vs. urban areas; in areas with 911 service vs. those without such service?
- Can people effectively learn basic life-support skills through mediated learning experiences rather than face-to-face contact with an instructor?
- Can community-based approaches successfully raise awareness of EMS services and change usage patterns?

Channel Analysis: In analyzing channels, either for information dissemination or service delivery, the key question is what mix will enable you to best reach your target group in the most cost-effective way. Channels should also be selected with the long-term objectives of the PIE campaign in mind; short-term media splashes -- while fun and exciting -- have a very short half-life among the public. Build continuity and integrate messages and services across several different media to achieve maximum permeability. This is my "drip" approach to social marketing; you want to continually be in front of people and in their awareness -- even if it's just in three second segments. It's the continuous drip, not the BIG event, that builds people's awareness, knowledge base, and leads to behavior change.

When analyzing channels, try and tie in with already existing ones. For instance, don't decide to start a newsletter if your primary target group already reads another one; work with the existing one and contribute a page or two of your material to it. Also, look to national campaigns that might provide local PIE efforts with an "umbrella" message, theme, and materials that will reduce local PIE costs and also give another set of reinforcing messages through various media. For example, the National Heart, Lung and Blood Institute will be launching a National Heart Attack Program that will certainly address some critical PIE issues for EMS services. Being involved in the shaping and making of this program, as well as tying in local EMS PIE programs with their educational efforts could be an efficient way of addressing this area of EMS services, and free up resources to develop new programs in other EMS PIE topic areas.

Marketing Mix: Under marketing mix are four separate issues. The "product" questions I have for you are:

- What are the core messages, products and services for an EMS PIE program?
- Is 9-1-1 a necessary precondition for PIE programs?
- Is training a key need -- especially training of EMS staff responsible for the PIE program?
- Will different regions of the country require different types of core messages, products and services?
- Are new initiatives needed, or is it a case of repackaging existing ones?

Along the "place" dimension local PIE programs will need to learn to work with existing distribution and communication systems. You also need to recognize that the competition for access and use of these systems is intense. Believing you have an important message or service to deliver to the community makes you no different from the dozens of other nonprofit agencies in town trying to get their messages out. Effective working relationships with key media gatekeepers such as medical writers, editors, medical news reporters are an ongoing concern and priority so that they understand and recognize the importance of your story. The key "place" question for PIE programs is, however, where and when should messages, products and services be placed to reach and activate the target group? Again, understanding the target group is the only way to adequately address the issue.

Also, review how EMS PIE programs can effectively use "price promotions". or incentives, to accomplish their objectives. How can we tangibly reward people for taking the time to attend CPR classes or volunteer for EMS duties?

Other "price" considerations I would tackle are:

- How much can we expect people to learn about the EMS system in order to use it effectively?
- Can some PIE programs actually work on a cost recovery basis by charging for some products and services?
- Do consumers associate negative costs to EMS services (for example, would attending a CPR class actually increase one spouse's level of anxiety about the other's health status)?

In the "promotion" area I want to know what turns on your target group and how do you position EMS services to take advantage of this predilection? You also need to be aware of how your competitors, and by this I mean any group who is either competing for your audience's attention or delivering similar types of messages and services, are positioning

themselves and possibly taking away from your objective. The example I've been watching the past couple of weeks is how auto safety and traffic accidents are related to the type of car you drive (Subaru), the tires on your car (Michelin), or the decongestant you take (Sudafed). Whatever happened to driver attention and skill? In a related vein, watch and read these types of advertisements. These people are "selling safety" as much as they are selling a particular product. Maybe we can learn something from them about how to sell EMS -- isn't it "safety" as well? How you are able to compete and position EMS in relation to your competitors will in large part depend on the mission you've defined for yourselves. A PIE program that views its mission as teaching people to take care of themselves in emergency situations will be positioned quite differently from a PIE that is most concerned with improving technical skills within the EMS system. I could see the first type of program being very broad-based, with an emphasis on self-sufficiency and reinforcing people's self esteem by "being able to take care of themselves in emergencies"; the latter program would be almost invisible to the lay public, and would focus on the professional respect and confidence that comes with being on the "cutting edge" of emergency medicine. I'm not suggesting that one type of PIE positioning is superior to the other, or that these types of PIEs should follow exactly these positioning strategies. My point is that positioning needs to be done in order to provide a touchstone for all activities of the PIE and for it to stand out from the crowd of other programs competing for people's attention and time.

Process Tracking: Every local PIE program should have an annual marketing plan that identifies objectives; key target groups; its key messages, products and services; the channels to be utilized; the pricing plan; and the major promotional efforts that will be conducted. However, unless there is also in place a tracking system that monitors the progress of the PIE program and provides useful feedback to evaluate and refine the marketing plan, then the effort is wasted. Tying in with a state's Behavioral Risk Factor Surveillance System (BRFSS) and getting some population estimates of awareness and behavior over time with respect to a few key EMS PIE issues would be extremely valuable. In the 38 states currently involved in the BRFSS -- sponsored by the Centers for Disease Control -- you will find it in the state Department of Health, usually in a section related to chronic disease prevention or health promotion.

Having a tracking system at the local level to monitor the implementation of the PIE program is also important. In the NHLBI community heart disease prevention studies we created a system that could be easily adapted to EMS PIE programs. This Community Education Tracking System collects information about the date of message, product or service delivery; what m/p/s was delivered; through which channel; its objective (i.e., awareness building, behavior change, fund raising); the focus of the m/p/s (i.e., 9-1-1 system, CPR training); and estimated reach or attendance. By collating and reviewing this type of data quarterly, the PIE staff can easily see how their efforts are being apportioned, what types of m/p/s through what channels are reaching the target population, and how they might adjust their program if, for example, too much activity is being tied up in media awareness activities for 9-1-1 usage that is reaching relatively few people.

Marketing Management: The development and implementation of a process tracking system is a central feature of good marketing management systems. No effective marketer,

whether marketing cars, cereal or hamburgers, can function without information as to how the marketing plan is being implemented and whether changes need to be made to it in response to low or high responsiveness by the target population. In structuring PIE operations at the local level, the staff person responsible for it should be at a fairly high level; otherwise, PIE programs are not responsive to the organization's objectives and are not given the resources to adequately to the job. I would also suggest that PIE functions become a concern for all EMS personnel, not just the designated staff. In my own project we preach that every staff person is doing public relations work as part of their job. Consumers' perceptions about EMS systems will depend largely on how they perceive EMS staff they come into contact with. We can work very hard to achieve a solid reputation in the community, but as you all know, it takes only one misstep by one person to bring the whole image crashing around your ears.

Finally, as you teach to local EMS system chiefs the importance of PIE programs, encourage them to get out on the streets and backroads and look, listen and learn from ordinary people about what an EMS PIE program should be. My challenge to my staff is to talk with at least 10 people a week about heart disease and risk factors to find out what top-of-the-mind concerns are out there. I will end this talk by issuing each of you the same challenge: during your breaks, and during your routine outside the meeting schedule, talk to five people -- besides other workshop conferees -- about EMS systems, what public information is out there and what they want to know. I don't care who you ask -- the doorman, the reception clerk or a cab driver -- but listen to what they say. Ask them questions like:

- Do you know what Emergency Medical Service systems are?
- In a medical emergency, who would you call for help? How?
- Do you know basic first aid and CPR? Would you want to learn them?
- What do paramedics on ambulances do?
- Do you know anyone who has ever used EMS? What did they (or you) think about it? Were they (you) satisfied with the service?

I encourage you to give an honest effort and try it. It just may be lead you to some of the most important things you'll learn in the next two days, and your discussions will be that much more productive.

APPENDIX D

NHTSA PIER CONFERENCE PARTICIPANTS

Beverlee Anderson
Tennessee Traffic Safety Coalition
1900 North Winston Road
Suite 405
Knoxville, TN 37919

Robert Calhoun
National Association of State EMS Directors
Emergency Medical Services Branch
Department of Health Services
275 E. Main St., Health Services Bldg.
Frankfort, KY 40621

Gail F. Cooper, Chief
San Diego County Division of EMS
6255 Mission Gorge Road
San Diego, CA 92120

Ed Craren
Nebraska Department of Health
Division of EMS
301 Centennial Mall South, 3rd Floor
Lincoln, NE 68509

Ricky Davidson
International Association of Fire Chiefs
Shreveport Fire Department
803 Crockett Street
Shreveport, LA 71101

Diane Evans
Wisconsin EMT Association
1703 Arlene Place
Eau Claire, WI 54703

Janet Griffith, Chief
EMS and Trauma Systems
Department of Health -MS ET-40
PO Box 47872
Olympia, WA 98504

Muiriel Kirchmeier
Primary Care and EMS Bureau
Health Services Division
Health & Environmental Department
1190 Saint Francis Drive
Santa Fe, NM 87503

Linda Landesman
Newhall & Landesman
10 Marlette Place
White Plains, NY 10605

Alana Mallard
Texas Department of Health
EMS Division
1100 West 49th Street
Austin, TX 78756

Paul Maniscalco
Department Chief EMS
City of New York
55 - 30 58th Street
Maspith, NY 11378

Linda Metcalf, Executive Director
Colorado Trauma Institute
777 Bannock Street, 3rd Floor West
Denver, CO 80204

Chief Carlos E. Perez, Director
Office of Trauma Services
Suite 2500
111 N.W., 1st Street
Miami, FL 33128

Jim Pollard
East Alabama EMS
P.O. Box 2331
Anniston, AL 36202

Lt. Michael T. Reilly, Assistant Director
Office of Public Affairs
Fairfax Company Fire & Rescue Dept.
4301 University Drive
Fairfax, VA 22030

Nels D. Sanddal, Executive Director
North County Media Group
721 2nd Street South
Great Falls, MT 59403

Janet E. Smith
Mercy Medical Services
1130 South Martin Luther King Boulevard
Las Vegas, NV 89102

NHTSA PIER CONFERENCE PARTICIPANTS
-continued-

Special Programs Division
State Emergency Management Agency
EMS Branch, Room 315
State Office Building
Indianapolis, In 46204

Jim Taylor
North County EMS Project
Dartmouth-Hitchcock Medical Center
Office of Family Practice
Hanover, NH 03755

Andy Trohanis
Emergency Medical Services-MIEMSS
22 South Greene Street
Baltimore, MD 21201

Sam Walker
Public Education Coordinator
Illinois Department of Health
Division of EMS and Highway Safety
535 West Jefferson Street
Springfield, Il 62761

Mark Whiting
Division of Emergency Medical Services
State Department of Health
1538 East Parham Road
Richmond, VA 23228

Marie Wilson
Office of EMS
Department of Health Services
150 Washington Street
Hartford, Ct 06106

Peter Wolff
7 Bayberry Road, Apt. I
Acton, MA 01720

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APPENDIX E

NHTSA PIER CONFERENCE OBSERVERS

Peter Conway
DHHS
Office of Maternal & Child Health
5600 Fishers Lane
Parklawn Building
Rockville, MD 20857

Judith Cranford
PR Director
American College of Emergency Physicians
Suite 1250, 900 17th Street
Washington, DC 20006

Craig DeAtley
Director EMS Degree Program
George Washington University
Dept of Emergency Medicine
2300 K Street, NW, Suite 107
Washington, DC 20037

Powell Harrison
EMS Coordinator
NHTSA - Region 9
211 Main Street, Suite 1000
San Francisco, CA 94105

Barbara Harsha, Executive Director
National Association of Governors
Highway Safety Representatives
444 N. Capitol Street, NW, Suite 530
Washington, DC 20001

Jane Howell
PR Manager
American College of Emergency Physicians
Suite 1250, 900 17th Street
Washington, DC 20006

Chester R. Jourdan
NHTSA - Region IV
1720 Peachtree Road, NW, Suite 501
Atlanta, GA 30309

Janette M. Kearney
PI&E Specialist
Pennsylvania Emergency Health Services
Council
3425 Simpson Ferry Road
Camp Hill, PA 17011-6409

Diane C. Krause
Regional Program Manager
US DOT-NHTSA - Region I
Kendall Square (Code 903)
Cambridge, MA 02142

Judith LaRosa, Ph.D.
National Institutes of Health
National Heart, Lung & Blood Institute
Building 31, Room 4A18
Bethesda, MD 20892

Jerome A. Palisi
Deputy Regional Administrator
NHTSA - Region II
222 Mamaroneck Ave, Suite 204
White Plains, NY 10605

Gordon Sachs
U.S. Fire Administration
16825 South Seton Avenue
Emmitsburg, MD 21727

Michael E. Somes
Marketing Coordinator
American Academy of Orthopedic Surgeons
222 South Prospect Avenue
Park Ridge, IL 60068

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NHTSA STAFF

Susan D. Ryan, Chief

Valerie A. Gompf

Thomas Dolan

Chuck Glass

Emergency Medical Services Division
National Highway Traffic Safety Administration
400 7th Street, SW, NTS-42
Washington, DC 20590

MCD STAFF

John A. LaCasse, President

Patrick Cote

Anne Miles

Craig Lefebvre

Medical Care Development, Inc.
11 Parkwood Drive
Augusta, ME 04330

APPENDIX G

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